

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) 1911 UNITED			FEC IDENTIFICATION NUMBER ▼ C C00508200		
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y					
Full Name (Last, First, Middle Initial) of Payee Dauphine Orleans Hotel			Date M M / D D / Y Y Y Y Y Y Y Y 07 / 07 / 2012		
Mailing Address 415 Dauphine Street			Amount 271.07		
City New Orleans		State LA	Zip Code 70112		
Purpose of Expenditure Travel Expenses		Category/Type 		Transaction ID : SE.4597	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____		
Calendar Year-To-Date Per Election for Office Sought 54250.49			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____		
Full Name (Last, First, Middle Initial) of Payee DeJavu			Date M M / D D / Y Y Y Y Y Y Y Y 07 / 06 / 2012		
Mailing Address 400 Dauphine Street			Amount 35.77		
City New Orleans		State LA	Zip Code 70012		
Purpose of Expenditure Travel Expenses		Category/Type 		Transaction ID : SE.4563	
Name of Federal Candidate Supported or Opposed by Expenditure: BARACK OBAMA			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____		
Calendar Year-To-Date Per Election for Office Sought 53047.57			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____		
(a) SUBTOTAL of Itemized Independent Expenditures.....			306.84		
(b) SUBTOTAL of Unitemized Independent Expenditures			 		
(c) TOTAL Independent Expenditures.....			 		
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;">Sinclair Skinner</p> <p style="text-align: center;">[Electronically Filed]</p> <p>Signature _____ Date M M / D D / Y Y Y Y Y Y Y Y 07 / 13 / 2012</p>					